

159 03901

Dist. No. 172

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH & DEATH

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

Child lived 4 hours and 50 minutes. Died 8:05 A.M.

1. PLACE OF BIRTH:

County Garrett
 City or town Rural-Kitzmilller
(If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution:
Peerless Hill
 Length of mother's stay in County 2 1/2 yrs.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
 County Garrett
 City or town Rural-Kitzmilller
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Peerless Hill
(If RURAL give LOCATION)

3. Name of child Allen Eugene Anderson

4. Date of birth April 24 1948 Hour 3:15A.M.

5. Sex Male **6. Twin or triplet** _____

7. No. of weeks pregnancy 35

FATHER OF CHILD

MOTHER OF CHILD

8. Full name Wyllie William Anderson

12. Full maiden name Velma Arbutus Hipp

9. Color white **10. Age at time of this birth** 48 yrs.

13. Color white **14. Age at time of this birth** 36 yrs.

11. Usual occupation Miner

15. Usual occupation Housekeeper

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 12

(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no **During labor?** no

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of none.

(a) Fetal causes Blue Baby (Heart).

19. Labor: (a) Complications of none

(b) Maternal causes _____

(b) Induced? no

20. (a) Was there an operation for delivery? no

22. I certify to the birth of this child who was born and died on the date and hour above stated.

(b) State all operations, if any. none,

Signature Mrs. Edith Pew
(Specify M.D., midwife, or other)

(c) Did child die before operation? _____

During operation? _____

Address Kitzmilller, Maryland.

23. (a) Burial (b) Date thereof April 25, 1948
(Burial, cremation or removal) (month) (day) (year)

25. (a) 4/24/48 (b) Hubbard
(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Kalbaugh Cemetery

24. (a) Funeral director Otha F. Sharpless

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.

(b) Address Blaine, West Va.

Walter R. Harty Health Officer, per _____

RECEIVED

JUN 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
Oakland, Maryland.
 City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

Silas Arnold.

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Chetta Elizabeth Arnold.
Deceased 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 3th, 1869

8. AGE: Years 78 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County.
 (Town, county, and state)

10. Usual occupation Retired Carpenter.

11. Industry or business

12. Name Washington Arnold.13. Birthplace Garrett County.14. Maiden name Catherine Wolfe.15. Birthplace Garrett County.16. Informant Mrs. Nelle Johnson.Address Oakland, Maryland.

17. Burial Date thereof April 11/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery.Location Near Table Rock, Maryland.18. Funeral director Emory D. Bolden.Address Oakland, Md.

19. 4/11 19 48 Julia J. Rawan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH April 9th 19 48 at 9:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15th 1948 to April 9 1948
 and that I last saw him alive on April 7th 1948
 Immediate cause of death Cancer of Liver
Stomach

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE James W. Bolden, M.D.

Oakland M.D. or other
 Address _____ Date signed M.D.

RECEIVED

APR 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03903 / 66

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Days

Hospital, institution, or street address where death occurred:

Kiser Nursing HomeHow long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Charles St.

(If rural, give LOCATION)

2.(a) If veteran, name was ---

3. (a) FULL NAME

John BIRMINGHAM

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Jennie Birmingham6.(c) If alive, give age 78 years

7. Birth date of

deceased (mo., day, yr.) November 12, 1868

8. AGE:

Years

Months

Days

If less than one day

7959

hrs.

min.

9. Birthplace:

Baltimore Balto. Maryland

(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

FATHER

12. Name

Daniel Birmingham

13. Birthplace

Ireland

MOTHER

14. Maiden name

Ellen Conneys

15. Birthplace

Ireland16. Informant Mrs. Jennie BirminghamAddress Mt. Lake Park, Md. Kiser Home

17.

(Burial, cremation, or removal. Which?)

Date thereof 4/23/48

(month) (day) (year)

Cemetery or crematory

St. Patrick Cemetery

Location

Cumberland, Md.

18. Funeral director

Wm. H. Night

Address

Cumberland, Md.

19.

(Date rec'd by registrar)

19

48Julia A. Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 April 1948, at 12:00N.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 April 1948, to 21 April 1948and that I last saw him alive on 19 April 1948Immediate cause of death Senility and GeneralDebility

DURATION

Due to "Stroke" on 7 Jan 1948

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas F. LusbyAddress Oakland, Md. Date signed 21 Apr. 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03904

Reg. Dist. No. _____

1. PLACE OF DEATH:

County Garnett
City or town Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Garnett
City or town Near Friendsville Md Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

John Calvin Coddington

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 14 - 1874

8. AGE: Years 74 Months 2 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace MD (Town, county, and state)

10. Usual occupation Labr

11. Industry or business _____

12. Name Benjamin Coddington

13. Birthplace MD

14. Maiden name T. E. T. S.

15. Birthplace MD

16. Informant Orval Coddington

Address Friendsville Md

17. (Burial, cremation, or removal. Which?) Date thereof Apr 6 - 1948 (month) (day) (year)

Cemetery or crematory Friendsville

Location Friendsville

18. Funeral director St. H. Savage

Address Friendsville Md

19. April 6 19 48 Kathryn Fike Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 6 19 48 at 8:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19 42 to 19 and that I last saw him alive on Feb 10 19 48

Immediate cause of death Coronary Thrombosis DURATION 5 min

Due to Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. J. Slone, M.D.

Address Friendsville, Md

Date signed 4-4-48

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

I

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
15 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

Julia Elzara Collins

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

George Collins

7. Birth date of deceased (mo., day, yr.)

December 19, 1853

8. (c) If alive, give age ----- years

8. AGE:

Years

Months

Days

If less than one day

94

3

17

hrs.

min.

9. Birthplace

Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

FATHER

12. Name

Silas Walters

13. Birthplace

Unknown

MOTHER

14. Maiden name

Martha Harvey

15. Birthplace

Unknown

16. Informant

Robert Collins

Address

Deer Park, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 4/7/48

(month) (day) (year)

Cemetery or crematory

Short Run Cemetery

Location

near Kitzmiller, Md.

18. Funeral director

Herbert C. Reighlton

Address

Oakland, Md.

19. Date read by registrar

4/7/48

19

48

Julia A. Rowen

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1948, at 8:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20th 1948, to April 4 1948and that I last saw him alive on April 2nd 1948Immediate cause of death arterio sclerosis &gangrene of both feet

DURATION

Due to Senility

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State) -----

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE J. H. Wenzel, M.D.

M. D. or other

Address Oakland, Md. Date signed 4/6/48

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County... Garrett.
 City or town... Chestnut Grove,
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Native.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland. County... Garrett.
 City or town... Chestnut Grove,
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ellen Davis.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed.
 6. (b) Name of husband or wife James C. Davis.
 7. Birth date of deceased (mo., day, yr.) 1861. 8. (c) If alive, give age _____ years
 8. AGE: Years 87 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Chestnut Grove, Md.
 (Town, county, and state)
 10. Usual occupation Housewife.
 11. Industry or business
 12. Name Moses Tichnell.
 13. Birthplace Do not know.
 14. Maiden name Do not know.
 15. Birthplace Do not know.

16. Informant Travel Tichnell
 Address Chestnut Grove, Md.
 17. Burial. Date thereof 4-29-48.
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or place of interment XXXX Tichnell
 Location Chestnut Grove, Md.
 18. Funeral director W. Howard Tichnell Jr.
 Address Piedmont, West Va.
 19. 4/29 19 48 Rosney Tichnell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-48. 19 48 at 8:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/15 to 4/26 19 48
 and that I last saw him alive on 4/23 19 48
 Immediate cause of death Myocardial Infarction
 Due to Coronary Arteriosclerosis
 Due to Arteriosclerosis
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE James H. Tichnell Jr. M. D. or other _____
 Address Piedmont, W. Va. Date signed 4/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03907

Reg. Dist. No. 100

1. PLACE OF DEATH:
County Garrett
City or town Near Deer Park, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Garrett
City or town Near Deer Park, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME
Hiram Colfax DeWitt.

3. (b) Social Security Number
None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.

6.(b) Name of husband or wife Vernie DeWitt.
7. Birth date of deceased (mo., day, yr.) April 18th, 1869 6.(c) If alive, give age 60 years

8. AGE: Years 78 Months 11 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett County, Hoves, Maryland.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business _____

12. Name Archibald DeWitt.

13. Birthplace Garrett County.

14. Maiden name Ellen Chambers.

15. Birthplace Garrett County.

16. Informant Mrs. Vernie DeWitt.

Address Deer Park Md.

17. Burial Date thereof April 14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Paradise Church Cemetery.

Location Near Deer Park, Maryland.

18. Funeral director Euroy D. Bolden.

Address Lakeland, Md.

19. 4/14/48 19 48 Julia A. Ransom
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A.M.
2D. DATE OF DEATH April 12th 19 48 at 7:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 48 to April 12 48 and that I last saw him alive on April 12 48
Immediate cause of death _____

Due to Acute Myocarditis
Cerebral Hemorrhage
Due to Hypertension
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Ralph Culbertson M.D.

Address 1475 Miller, Md. M. D. or other April 1948
Date signed _____

RECEIVED

APR 21 1948

BUREAU V. S.

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Reeves

Reg. Dist. No.

03909

163

1. PLACE OF DEATH: Garrett
 County Barton - rural
 City or town 80 years
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 80 years
 Hospital, institution, or street address where death occurred:
5 miles west of Barton
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Barton - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5 miles west of Barton
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3.(a) FULL NAME ELIZABETH LAYTON

3.(b) Social Security Number
- - - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife - - - - -
 6.(c) If alive, give age - - - - - years
 7. Birth date of deceased (mo., day, yr.) June 15, 1860
 8. AGE: Years 87 Months 10 Days 11 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace Moscow, Allegany, Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Own home
 12. Name Peter Layton
 13. Birthplace unknown
 14. Maiden name not known
 15. Birthplace not known

16. Informant John Layton
 Address Barton, Maryland
 17. Burial April 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Lawrence Broadwater Cem.
 Location 7 miles west of Barton, Md.
 18. Funeral director Ellsworth S. Boal
 Address XXXX Westernport, Maryland

19. 4-28 1948 Dorothy Layton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 at 5:10 p.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1947 to 4/26/48 and that I last saw him alive on Jan 1948
 Immediate cause of death Chronic Myocarditis
My Perforation

Due to Chronic Myocarditis
 Due to My Perforation
 Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - - - Date of op. - - - - -

Autopsy results - - - - -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - - - - - Date of - - - - -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury - - - - - Injured at work?

23. SIGNATURE Dr. Reeves MD
expert md M. D. or other 4/28/48
 Address - - - - - Date signed 4/28/48

RECEIVED

APR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 932 03919 66

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
50 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3.(a) FULL NAME

Philo Thompson Lipscomb

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Jennie M. Lipscomb
 6.(c) If alive, give age ----- years
 7. Birth date of deceased (mo., day, yr.) October 14, 1862
 8. AGE: Years 85 Months 5 Days 23 If less than one day ----- hrs. ----- min.

9. Birthplace Preston Co., W. Va.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business Woodworking
 12. Name Joshua Lipscomb
 13. Birthplace Preston Co., W. Va.
 14. Maiden name Jane Harvey
 15. Birthplace Garrett Co., Md.

16. Informant Mrs. Harry Nicholson
 Address Mt. Lake Park, Md.
 Burial April 9, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Baptist Cemetery
 Location Calvin, Pa.
 18. Funeral director Herbert C. Leighton
 Address Oakland, Md.
 19. 4/9/48 Julia A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1948 7:45A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6, 1945 to April 5, 1948
 and that I last saw him alive on April 4, 1948

Immediate cause of death ----- DURATION
Chronic Myocarditis 5yr.
 Due to -----
 Due to -----
 Other conditions -----
 (Include pregnancy within 8 months of death)

Major findings of operations ----- Date of op. -----
 Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ----- Date of -----
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -----
 Means of injury ----- Injured at work?
 23. SIGNATURE E. J. Brummett M. D. or other
 Address Oakland, Md. Date signed 4/6/48

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett
 City or town Rural Gorman
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Rural Gorman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6 Mi. W. Gorman, W. Va.
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3. (a) FULL NAME

Sarah Elizabeth Odgen

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Lynn E. Odgen6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Oct. 30, 18568. AGE: Years 91 Months 5 Days 25 If less than one day ----- hrs. ----- min.9. Birthplace W. Va.
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name Christopher Puffenburg13. Birthplace W. Va.14. Maiden name Laveina Simmons15. Birthplace W. Va.16. Informant Mrs. Mae CooperAddress R. D. Gorman, W. Va.17. Burial Date thereof 4/25/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Fairview Cemetery
5 Mi. W. Gorman, W. Va.
Location18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.19. 5-13 1948 Elmer C. Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948 10:50 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925 to April 23, 1948and that I last saw her alive on April 18, 1948Immediate cause of death Cerebral thrombosis with minimal motor paralysis.

DURATION

Due to Senile arteriosclerosis + general circulatory failure 3 yrs. + 2 monthsDue to Aritmiasis as well as senility 5 yrs.Other conditions Some undiagnosed painful abdominal condition - carcinoma of sigmoid colon 2 yrs.
(Include pregnancy within 8 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

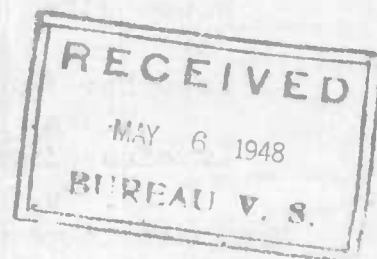
Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State) -----

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Harold C. Miller, Jr. M. D. or otherAddress Exton, W. Va. Date signed 4/25/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03912 172

1. PLACE OF DEATH:

County GarrettCity or town Rural- Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Eagle Rock

How long in hospital or institution?

3. (a) FULL NAME

Sarah Almeda Rodeheaver

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

William Frances Rodeheaver

7. Birth date of

deceased (mo., day, yr.)

February 2, 1869

6. (c) If alive, give age..... years

75

8. AGE:

79

Months

2

Days

2

If less than one day

hrs.

min.

9. Birthplace

Bethlehem, Garrett Co., Md.

(Give county and state)

10. Usual occupation

Housework
Own Home

11. Industry or business

FATHER

12. Name

Joshua A. Lipscomb

13. Birthplace

W. Va.

MOTHER

14. Maiden name

Jane Harvey

15. Birthplace

Garrett Co., Md.

16. Informant

Harry R. Rodeheaver

Address

Deer Park, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

April 7, 1948

(month) (day) (year)

Cemetery or crematory

McRobie Cemetery

Location

Bethlehem, Near Deer Park, Md.

18. Funeral director

Otha F. Sharpless

Address

Blaine, W. Va.

19.

April 6, 1948

(Date rec'd by registrar)

19.

W. Danick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty Garrett

City or town

Rural- Deer Park

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Eagle Rock

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 4 48 5P. 19.. at .. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to April 4 1948and that I last saw him alive on April 4 1948

Immediate cause of death

Carcinoma of Uterus
with metastasis

DURATION

7

Due to

Due to

Other conditions

Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

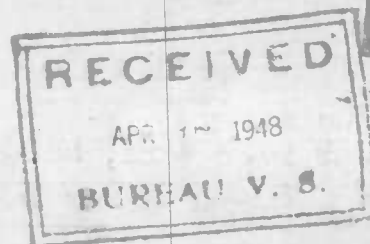
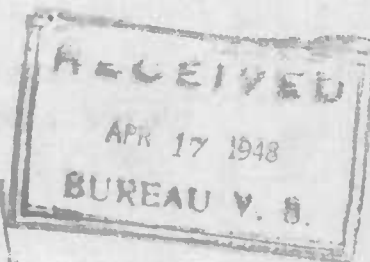
23. SIGNATURE

Ralph Colquhoun

M. D. or other

Address

Rt. 1, KeweenawDate signed April 5, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County GarrettCity or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Jennings
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Lulu Belle Swauger

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife William Edward Swauger6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) April 17, 1891

8. AGE: Years Months Days If less than one day

57 0 8 hrs. min.9. Birthplace Jennings, Garrett, Maryland
(Town, county, and state)10. Usual occupation Home maker

11. Industry or business

12. Name George Hoover13. Birthplace Jennings, Maryland14. Maiden name Eliza Ellen Bowers15. Birthplace (Year) New Germany, Maryland16. Informant Velora V. SwaugerAddress Jennings, Maryland17. Burial Date thereof 4-18-'48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or ~~removal~~ GrantsvilleLocation Grantsville, Maryland18. Funeral director Mr. WhiteAddress Grantsville, Md.19. April 25, 1948 Kathryn Fiker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 19 48, at 6:20 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 48 to April 25 19 48and that I last saw him/her alive on April 25 19 48

Immediate cause of death

Squamous Cell Carcinoma
Left Maxillary Sinus

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations Squamous cell carcinoma
Left maxillary sinusDate of op. Aug 1947

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

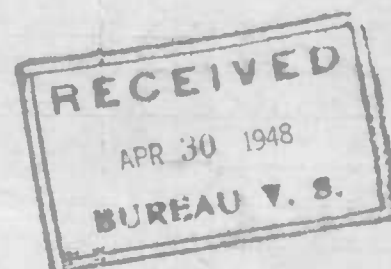
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Milton Tepper, M.D.
M. D. or other _____Address Friendsville, Md Date signed Apr. 25, 1948

03913

55d



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County..... Garrett.
 City or town..... Chestnut Grove, S. W. ANTON, R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Native.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland. County..... Garrett
 City or town..... Chestnut Grove.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. SWANTON, R.F.D.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Martin L. Tichnell.

3. (b) Social Security Num

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed.

6.(b) Name of husband or wife

Mollie Jane Tichnell.

7. Birth date of

deceased (mo., day, yr.)

June 17, 1859.

6.(c) If alive, give age..... years

March

8. AGE:

Years

Months

Days

If less than one day

88103

..... hrs.

..... min.

9. Birthplace

Garrett County, Maryland.

(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

FATHER

12. Name

Moses Tichnell.

13. Birthplace

Do not know.

MOTHER

14. Maiden name

Do not know.

15. Birthplace

Do not know.

16. Informant

Della Tichnell,

Address

Chestnut Grove, Maryland.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... April 23, 1948

(month) (day) (year)

Cemetery or place of burial

xxxx Tichnell.

Location

Chestnut Grove, Maryland.

18. Funeral director

Address

W. Howard Fredrick
31 Jones St. Piedmont, W. Va.

19.

(Date rec'd by registrar)

Apr. 22 1948Norsey Patton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 4-20-1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased

March 10 1948April 20 48and that I last saw him alive on April 18 48

Immediate cause of death

Broncho Pneumonia

Due to

Influenza.

Due to

Other conditions..... Cardio Renal Dis
Arterio Sclerosis.

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged stat

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (St)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

James H. Patton
Piedmont W Va
Date signed..... 4/21/48

